

RECEIVED
JUN 19 2003
TECH CENTER 1600/2900



EXPRESS MAIL UNITED STATES POSTAL SERVICE®		POST OFFICE TO ADDRESSEE		EV 053213400 US	
ORIGIN (POSTAL USE ONLY) PO ZIP Code: 91246 Date In: 1802 Time In: 1630 No. of Pieces: 1 Weight: 14 lbs 0 oz No Delivery: <input type="checkbox"/>		Day of Delivery: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second Return Receipt Fee: \$16.25 COD Fee: \$16.25 Insurance Fee: \$16.25		Flat Rate Envelope: <input type="checkbox"/>	
CUSTOMER USE ONLY METHOD OF PAYMENT: X972724 - 620830 Express Mail Corporate Acct. No.		SEE REVERSE SIDE FOR SERVICE GUARANTEE AND LIMITS ON INSURANCE COVERAGE			
FROM: (PLEASE PRINT) KLARQUIST SPARKMAN LLP LEIGH & WHINSTON ST 121 SW SALMON ST PORTLAND OR 97204-2927 5673-62083 WDN/SAS:jam		TO: (PLEASE PRINT) BOX PATENT APPLICATION COMMISSIONER FOR PATENTS WASHINGTON DC 20231-9999 503 226 7391			
WARRANTY OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		NO DELIVERY: <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature:			

Customer Copy
Label 11-F August 2000

"EXHIBIT D"